

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96000000510**

1. Limited Liability Company's Name

Cariam Club, L.C.

2. Principal Office Address

1540 WHOOPING DR

Suite, Apt. #, etc.

City & State

GROVELAND, FL

Zip

34736

Country

U.S.A

3. Mailing Office Address

1540 WHOOPING DR

Suite, Apt. #, etc.

City & State

GROVELAND, FL

Zip

34736

Country

U.S.A

4. State/Country of Formation

Florida/Orange County

5. Date Organized or Qualified
To Do Business in Florida

may 6, 1996

6. FEI Number

59-3396308

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Odiator Arugu

Street Address (P.O. Box Number is Not Acceptable)

1540 whooping Drive

Suite, Apt. #, Etc.

City

Groveland

200004707062-6

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******150.00--****150.00**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11/13/01**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	SADEK MAOUDJ	414 ENGLISH LAKE DR	WINTER GARDEN-FL-34787
mgrm	LINDA MAOUDJ	414 ENGLISH LAKE DR	WINTER GARDEN-FL-34787
mgrm	SYLVIA NETSOV	414 ENGLISH LAKE DR	WINTER GARDEN-FL-34787

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date **11/01/01**

Daytime Phone # **407-352-2434/33**

Typed or printed name of signing Managing Member/Manager

SADEK MAOUDJ

CR2E041 (9/01)